

# Washington State Institute for Public Policy

## Benefit-Cost Results

The WSIPP benefit-cost analysis examines, on an apples-to-apples basis, the monetary value of programs or policies to determine whether the benefits from the program exceed its costs. WSIPP's research approach to identifying evidence-based programs and policies has three main steps. First, we determine "what works" (and what does not work) to improve outcomes using a statistical technique called meta-analysis. Second, we calculate whether the benefits of a program exceed its costs. Third, we estimate the risk of investing in a program by testing the sensitivity of our results. For more detail on our methods, see our [technical documentation](#).

Current estimates replace old estimates. Numbers will change over time as a result of model inputs and monetization methods.

### Health Care

| Program name  | Date of last literature review | Total benefits | Taxpayer benefits | Non-taxpayer benefits | Costs     | Benefits minus costs (net present value) | Benefit to cost ratio | Chance benefits will exceed costs |
|---|--------------------------------|----------------|-------------------|-----------------------|-----------|--|-----------------------|-----------------------------------|
| Health Promotion  |                                |                |                   |                       |           |  |                       |                                   |
| Lifestyle interventions to prevent diabetes: Long-term, intensive, individual counseling programs           | Dec. 2014                      | \$26,474       | \$10,726          | \$15,748              | (\$3,732) | \$22,743                                 | \$7.09                | 100 %                             |
| Lifestyle interventions to prevent diabetes: Shorter-term programs with group-based counseling              | Dec. 2014                      | \$13,366       | \$4,745           | \$8,621               | (\$440)   | \$12,926                                 | \$30.35               | 81 %                              |
| Behavioral interventions to reduce obesity for adults: High-intensity, in-person programs                   | Dec. 2014                      | \$3,986        | \$955             | \$3,031               | (\$615)   | \$3,371                                  | \$6.48                | 66 %                              |
| Behavioral interventions to reduce obesity for adults: Remotely-delivered programs                          | Dec. 2014                      | \$1,222        | \$281             | \$941                 | (\$94)    | \$1,128                                  | \$13.02               | 56 %                              |
| Cesarean section reduction programs: Multi-faceted hospital-based interventions (private pay population)    | Nov. 2015                      | \$326          | \$112             | \$213                 | (\$34)    | \$292                                    | \$9.61                | 100 %                             |
| Cesarean section reduction programs: Multi-faceted hospital-based interventions (Medicaid population)       | Nov. 2015                      | \$223          | \$79              | \$144                 | (\$34)    | \$189                                    | \$6.56                | 99 %                              |
| Cesarean section reduction programs: Audit and feedback (private pay population)                            | Nov. 2015                      | \$194          | \$68              | \$126                 | (\$27)    | \$167                                    | \$7.15                | 85 %                              |
| Behavioral interventions to reduce obesity for adults: Low-intensity, in-person programs                    | Dec. 2014                      | \$292          | \$86              | \$206                 | (\$182)   | \$109                                    | \$1.60                | 55 %                              |
| Cesarean section reduction programs: Audit and feedback (Medicaid population)                               | Nov. 2015                      | \$135          | \$49              | \$87                  | (\$27)    | \$108                                    | \$5.00                | 83 %                              |
| Cesarean section reduction programs: Mandatory second opinion (private pay population)                      | Nov. 2015                      | \$172          | \$69              | \$103                 | (\$76)    | \$96                                     | \$2.26                | 100 %                             |
| Cesarean section reduction programs: Mandatory second opinion (Medicaid population)                         | Nov. 2015                      | \$111          | \$49              | \$62                  | (\$76)    | \$35                                     | \$1.46                | 95 %                              |
| Behavioral interventions to reduce obesity for children: Remotely-delivered programs                        | Dec. 2014                      | \$67           | \$18              | \$49                  | (\$64)    | \$3                                      | \$1.04                | 50 %                              |
| Behavioral interventions to reduce obesity for children: Low-intensity, in-person programs                  | Dec. 2014                      | (\$26)         | \$7               | (\$33)                | (\$162)   | (\$188)                                  | (\$0.16)              | 49 %                              |
| Cesarean section reduction programs: Continuous support (private pay population)                            | Nov. 2015                      | \$9            | \$45              | (\$36)                | (\$257)   | (\$248)                                  | \$0.04                | 4 %                               |
| Cesarean section reduction programs: Continuous support (Medicaid population)                               | Nov. 2015                      | (\$32)         | \$32              | (\$64)                | (\$257)   | (\$289)                                  | (\$0.12)              | 0 %                               |
| Behavioral interventions to reduce obesity for children: Moderate- to high-intensity, face-to-face programs | Dec. 2014                      | \$34           | \$31              | \$3                   | (\$328)   | (\$294)                                  | \$0.10                | 47 %                              |
| System Efficiency   |                                |                |                   |                       |           |  |                       |                                   |
| Transitional care programs to prevent hospital readmissions: Comprehensive programs                         | Dec. 2014                      | \$1,827        | \$840             | \$987                 | (\$413)   | \$1,414                                  | \$4.43                | 100 %                             |
| Patient-centered medical homes with high-risk patients  | Dec. 2014                      | \$660          | \$273             | \$387                 | (\$81)    | \$579                                    | \$8.16                | 87 %                              |
| Transitional care programs to prevent hospital readmissions: All programs, general patient populations      | Dec. 2014                      | \$438          | \$192             | \$246                 | (\$51)    | \$387                                    | \$8.60                | 89 %                              |
| Patient-centered medical homes in integrated health systems   | Dec. 2014                      | \$254          | \$114             | \$139                 | (\$81)    | \$173                                    | \$3.13                | 56 %                              |

| Program name   | Date of last literature review | Total benefits | Taxpayer benefits | Non-taxpayer benefits | Costs     | Benefits minus costs (net present value) | Benefit to cost ratio | Chance benefits will exceed costs |
|--|--------------------------------|----------------|-------------------|-----------------------|-----------|--|-----------------------|-----------------------------------|
| Interventions to reduce unnecessary emergency department visits: General education on appropriate ED use         | Dec. 2014                      | \$16           | \$7               | \$9                   | (\$8)     | \$8                                      | \$2.04                | 50 %                              |
| Interventions to reduce unnecessary emergency department visits: Asthma self-management education for children   | Dec. 2014                      | \$27           | \$23              | \$4                   | (\$77)    | (\$50)                                   | \$0.35                | 49 %                              |
| Patient-centered medical homes in physician-led practices  | Dec. 2014                      | (\$61)         | (\$8)             | (\$53)                | (\$81)    | (\$142)                                  | (\$0.76)              | 7 %                               |
| Interventions to reduce unnecessary emergency department visits: Intensive case management for frequent ED users | Dec. 2014                      | \$4,946        | \$3,772           | \$1,174               | (\$9,425) | (\$4,479)                                | \$0.52                | 46 %                              |

## Other Health Care topics reviewed:

| Program name   | Date of last literature review | Notes   |
|--|--------------------------------|---|
| Accountable Care Organizations: (a) Alternative Quality Contract   | Nov. 2015                      | <a href="#">Click for meta-analytic results</a>       |
| Accountable Care Organizations: (b) Medicare Physician Group Practice Demonstration (PGPD)   | Nov. 2015                      | <a href="#">Click for meta-analytic results</a>       |
| Accountable Care Organizations: (c) Medicare Pioneer ACOs  | Nov. 2015                      | <a href="#">Click for meta-analytic results</a>       |
| Cost sharing: (a) High-Deductible Health Plans (moderate to high deductibles, with and without HRAs or HSAs), general patient population                 | Nov. 2015                      | <a href="#">Click for meta-analytic results</a>       |
| Cost sharing: (b) High-Deductible Health Plans (moderate to high deductible levels, with or without HSAs), low-income patient population                 | Nov. 2015                      | <a href="#">Click for meta-analytic results</a>       |
| Cost sharing: (c) High-Deductible Health Plans with moderate deductibles (individual < \$1000), general patient population                               | Nov. 2015                      | <a href="#">Click for meta-analytic results</a>       |
| Cost sharing: (d) High-Deductible Health Plans with higher deductibles (individual > \$1000), general patient population                                 | Nov. 2015                      | <a href="#">Click for meta-analytic results</a>       |
| Cost sharing: (e) High-Deductible Health Plans with higher deductibles (individual > \$1000) and HRA accounts, general patient population                | Nov. 2015                      | <a href="#">Click for meta-analytic results</a>       |
| Cost sharing: (f) High-Deductible Health Plans with higher deductibles (individual > \$1000) and HSA accounts, general patient population                | Nov. 2015                      | <a href="#">Click for meta-analytic results</a>       |
| Cost sharing: (g) Coinsurance (25% rate or higher) versus no cost sharing, general patient population  | Nov. 2015                      | <a href="#">Click for meta-analytic results</a>       |
| Cost sharing: (h) Copay increases across multiple services, low-income population  | Nov. 2015                      | <a href="#">Click for meta-analytic results</a>       |
| Cost sharing: (i) Copay increases across multiple services, low-income and chronically-ill population  | Nov. 2015                      | <a href="#">Click for meta-analytic results</a>       |
| Cost sharing: (j) Emergency department copays, general patient population  | Nov. 2015                      | <a href="#">Click for meta-analytic results</a>       |
| Cost sharing: (k) Emergency department copays, low-income patient population   | Nov. 2015                      | <a href="#">Click for meta-analytic results</a>       |
| Cost sharing: (l) Copays for nonemergent emergency department visits, Medicaid adult population  | Nov. 2015                      | <a href="#">Click for meta-analytic results</a>       |
| Cost sharing: (m) Copays for prescription drugs, general patient population  | Nov. 2015                      | <a href="#">Click for meta-analytic results</a>       |
| Cost sharing: (n) Copays for prescription drugs, adults with a chronic illness   | Nov. 2015                      | <a href="#">Click for meta-analytic results</a>       |
| Cost sharing: (o) Copay reductions for prescription drugs used to treat chronic conditions (Value Based Insurance Design), adults with chronic illnesses | Nov. 2015                      | <a href="#">Click for meta-analytic results</a>       |
| Cost sharing: (p) Copays for prescription drugs, low-income children (CHIP)  | Nov. 2015                      | <a href="#">Click for meta-analytic results</a>       |
| Cost sharing: (q) Copays for prescription drugs, low-income children (CHIP) with a chronic illness   | Nov. 2015                      | <a href="#">Click for meta-analytic results</a>       |
| Cost sharing: (r) Copays for prescription drugs, Medicare beneficiaries  | Nov. 2015                      | <a href="#">Click for meta-analytic results</a>       |
| Oral health: Fluoride varnish treatment for permanent teeth  | Oct. 2014                      | <a href="#">Click for meta-analytic results</a>       |
| Oral health: Fluoride varnish treatment for primary teeth  | Oct. 2014                      | <a href="#">Click for meta-analytic results</a>       |
| Oral health: Resin sealants for molars   | Oct. 2014                      | <a href="#">Click for meta-analytic results</a>       |
| Smoking cessation programs during pregnancy (all programs)   | Dec. 2014                      | <a href="#">Click for meta-analytic results</a>       |
| Smoking cessation programs in pregnancy (face-to-face counseling programs)   | Dec. 2014                      | <a href="#">Click for meta-analytic results</a>       |
| Smoking cessation programs in pregnancy (programs without significant face-to-face counseling)   | Dec. 2014                      | <a href="#">Click for meta-analytic results</a>       |
| Transitional care programs to prevent hospital readmissions: Brief phone follow-up only  | Dec. 2014                      | <a href="#">Click for meta-analytic results</a>       |
| Oral health: Mid-level dental care providers   | Oct. 2014                      | No rigorous evaluation measuring outcome of interest. |
| Oral health: Preventive dental visits  | Oct. 2014                      | No rigorous evaluation measuring outcome of interest. |

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## Washington State Institute for Public Policy

The Washington State Legislature created the Washington State Institute for Public Policy in 1983. A Board of Directors—representing the legislature, the governor, and public universities—governs WSIPP and guides the development of all activities. WSIPP's mission is to carry out practical research, at legislative direction, on issues of importance to Washington State.